

	<p align="center"><b>Electronic Plan of Correction (ePOC)</b></p> <p align="center"><b>Training Attestation Form</b></p>
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**ATTESTATION OF COMPLETION OF ONLINE ePOC TRAINING**

**Instructions:** After staff assigned as designated ePOC facility users have completed the ePOC online training, please complete this form and fax or email to DHH Health Standards Section.

Name of Nursing Facility:		Facility Phone #:
Name of designated person completing ePOC training:	Email Address:	Date Completed:
Name of designated person completing ePOC training:	Email Address:	Date Completed:

**Submission Instructions:**

1. Print and fax to "Attention: HSS Nursing Home ePOC" at 225-342-5073; or
2. Save the completed form to your computer and email it as an attachment to [HSS.LTC@LA.GOV](mailto:HSS.LTC@LA.GOV)